



## **Important Long-Term Services and Supports Information: End of the Public Health Emergency (PHE) May 16, 2023**

At the beginning of the COVID-19 pandemic, the federal government declared a Public Health Emergency (PHE) and relaxed certain requirements to ensure Medicaid members could continue to access healthcare services. The federal Department of Health and Human Services declared that the federal PHE ended on May 11, 2023. Starting May 12, 2023, some billing flexibilities and how MaineCare members access health care services are returning to how they were prior to the PHE.

This document addresses Long-Term Services and Supports (LTSS) flexibilities with State Plan authority. Unless otherwise stated, Section 1915(c): Appendix K Waiver flexibilities will end November 11, 2023. Further guidance will be distributed in the coming months, and additional resources are available on MaineCare's [COVID-19 and End of PHE webpage](#).

Below is a list of flexibilities by policy section as described in the [MaineCare Benefits Manual \(MBM\)](#). This document may not address every flexibility in effect for LTSS during the PHE; there may have been additional federal flexibilities. Please reference the MBM for complete descriptions of MaineCare service policies.

### **Flexibilities Ending May 11, 2023**

All flexibilities listed below ended May 11, 2023.

#### **Ch. II Section 40: Home Health Services**

- The Department had been reimbursing Home Health providers to administer the COVID-19 vaccine as outlined in Section 5.02 of MBM Ch. I, Section 5, COVID-19 Public Health Emergency Services (COVID-19 Rule).

#### **Ch. II & III, Section 67: Nursing Facility Services**

- The Department had allowed providers to delay completion of federal Preadmission Screening and Resident Review (PASRR) requirements under MBM Ch. II, Section 67.05-1 for thirty (30) days following a member's admission to a Nursing Facility. The Department had allowed nursing facilities to request an additional seven (7) days for bed holds under MBM Ch. II, Section 67.05-11(C) when the member had been admitted to a hospital with a COVID-19 diagnosis.
- The Department had allowed nursing facilities to temporarily relocate a member to a separate quarantine bed or Residential Care Facility bed if the member had been

diagnosed with or exposed to COVID-19.

- Facilities with at least one (1) month of service delivery during the PHE were not subject to the minimum occupancy reduction for Nursing Facilities as described in MBM Ch. III, Section 67-18.9.

#### **Ch. II Section 96: Private Duty Nursing and Personal Care Services**

- The Department temporarily allowed a Personal Support Specialist (PSS) as described in MBM, Ch. II, Section 96.07-6(G)(2) an additional sixty (60) days from date of hire to enroll in a certified training program and an additional three (3) months to complete required training. After May 11, 2023, PSSs must enroll in a certified training program within sixty (60) days of hire and complete training and examination requirements within nine (9) months of employment.

#### **Ch. III, Section 97: Private Non-Medical Institution Services**

- The Department had authorized Advanced Practice Providers (Physicians Assistants, Nurse Practitioners, and Clinical Nurse Specialists) as qualified providers to order and recertify a Service Plan as described in MBM Ch. II, Section 97.08-1(A) and a Plan of Care as described in MBM Ch. II, Section 97.08-3.

### **Flexibilities Continuing after May 11, 2023**

All flexibilities listed below are continuing after May 11, 2023.

#### **Ch. II Section 40: Home Health Services**

- The Department extends to thirty (30) days the period of time for Home Health providers to submit Plans of Care to the Department under MBM Ch. II, Section 40.02-1.
- Providers must submit certifications and recertifications within thirty (30) business days after the start of services. This flexibility will replace and supersede the previous submission requirement as described in MBM Ch. II, Section 40.02-1(A).
- The Department authorizes Advanced Practice Providers (Physicians Assistants, Nurse Practitioners, and Clinical Nurse Specialists) as qualified providers to order and recertify a Plan of Care as described in MBM Ch. II, Section 40.08-2 A(1).

#### **Ch. II Section 96: Private Duty Nursing and Personal Care Services**

- The Department authorizes Advanced Practice Providers (Physicians Assistants, Nurse Practitioners, and Clinical Nurse Specialists) as qualified providers to order, authorize, and re-authorize a member's Plan of Care as described in MBM Ch. II, Section 96.

#### **Additional Flexibilities**

- Copayments for certain services will continue to be waived through September 30, 2024. Please see the [End of PHE Copayment Guidance](#) for additional information.

The Department will obtain any appropriate federal approvals and intends to engage in rulemaking to reflect permanent changes. The Department will exercise enforcement discretion with respect to provisions where the rule has not yet been updated.

For questions related to this document and the End of the PHE, please email [DHHSMaineCareEndofPHE@maine.gov](mailto:DHHSMaineCareEndofPHE@maine.gov).